

LIBERTY MUTUAL GROUP  
INVOLUNTARY MARKETS OPERATIONS  
PO BOX 8090  
WAUSAU, WI 54402-8090

ENVIROFOAM OF AMERICA CORPORATION  
8200 S VIGAL RD  
PAWNEE IL 62558

WC5-34S-543496-014



**LIBERTY MUTUAL WORKERS COMPENSATION, GROUP BENEFITS, AND HELMSMAN  
MANAGEMENT SERVICES, LLC  
PRIVACY PRACTICES DISCLOSURE NOTICE**

This Privacy Practices Disclosure Notice outlines the privacy practices for Liberty Mutual Insurance and its subsidiaries and affiliates listed below (collectively referred to as "Liberty Mutual"):

- |  |   |
|--|---|
| - Liberty Mutual Fire Insurance Company    | - Liberty Insurance Corporation           |
| - LM Insurance Corporation                 | - The First Liberty Insurance Corporation |
| - Liberty Insurance Company of America     | - Liberty Northwest Insurance Corporation |
| - Liberty Life Assurance Company of Boston | - Helmsman Management Services, LLC       |
| - Employers Insurance Company of Wausau    | - Wausau General Insurance Company        |
| - Wausau Business Insurance Company        | - Wausau Underwriters Insurance Company   |

This Notice tells you:

- The categories of nonpublic personal information (NPPI) we collect from you or from a third party about you or about participants, beneficiaries or claimants under your workers compensation and/or group benefit coverage, or your employee benefit programs or plans;
- How we use NPPI;
- The categories of affiliates and non-affiliate third parties with whom we share NPPI;
- The security policies and procedures in place to protect the confidentiality and security of NPPI provided to us.

If you have questions regarding this Privacy Practices Disclosure Notice, contact us by sending an email to [pstprivacy@libertymutual.com](mailto:pstprivacy@libertymutual.com) or write to us at:

**Presidential Service Team  
Liberty Mutual Insurance  
175 Berkeley Street  
Boston, MA 02116**

If applicable, please include your policy number or contract number with any correspondence.

**1. INFORMATION WE MAY COLLECT**

We want you to conduct business with us knowing that we protect NPPI. We collect NPPI from you or from third parties about you or about participants, beneficiaries or claimants under your insurance coverage. We collect NPPI from:

- Applications or other forms which may include policyholder, participant, beneficiary or claimant name, address, phone number, social security number, household information, vehicle and driver information, date of birth, medical information related to underwriting and claims, insurance coverage, and employee benefit programs or plan information;
- Your business dealings with us, our affiliates, or others, such as prior claims or accidents, medical information related to claims, information about your accident or injury (if applicable), and the names of witnesses and other contact information; and
- Consumer reporting agencies, motor vehicle departments, and inspection services.



### **Illinois Contracting Classification Premium Adjustment Program**

The Illinois Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations and is applicable to policies with effective dates on or after April 1, 1994. In order to qualify for the program, **your policy must have more than 50% of manual premium attributable to one or more contracting classifications (as designated by the program) for Illinois operations only and have a calculated experience modification of less than or equal to 1.00.**

A special premium calculation, which may result in a premium credit for you, will be based on an average hourly wage scale for each classification of contracting operations in Illinois. In order that your premium may be correctly established, please return the completed premium credit application, as set out on page 3.

National Council on Compensation Insurance Inc.  
Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487  
ATTN: EXPERIENCE RATING - IL

NCCI will advise us of any premium credit applicable. **If NCCI does not receive this application within 180 days after policy inception, your premium calculation will not reflect any possible premium credit. In addition, this application will be returned unprocessed if not completed in its entirety.** The information supplied on this application will be confidential.

For each applicable classification (both contracting and non-contracting) covering your company's operations in the state of Illinois, report the total Illinois payroll (excluding overtime premium pay, vacation pay, unanticipated bonuses, pay for any exempt sole proprietor, partner, or officer, Davis Bacon fringe benefits you pay into any ERISA qualified third party pension plan and other Illinois exclusions) and the corresponding total number of hours worked, for the third calendar quarter (JULY, AUGUST, SEPTEMBER) of the year preceding your policy effective date as reported to taxing authorities.

- Note #1: If you did not engage in contracting operations during the third quarter, the requested information to be provided should then be for the last complete calendar quarter prior to the effective date of your Workers' Compensation policy. Do not include payroll from any state other than Illinois.
- Note #2: If you have just begun operations in Illinois (no prior operations), and have a calculated experience modification equal to 1.00 or less, submit the requested information for the first complete calendar quarter following the effective date of your workers compensation policy when available, excluding any payroll from any state other than Illinois.
- Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week. Payroll for non-exempt partners, sole proprietors and officers subject to contracting classifications will be subject to appropriate Basic Manual minimums and maximums or limitations. Do not include payroll for persons not covered by the policy, such as exempt partners, sole proprietors and officers.
- Note #4: If you do not have a calculated experience modification equal to 1.00 or less and do not have more than 50% of IL manual premium attributable to one or more qualifying contracting classifications, do not complete and submit this application as you are not qualified for this credit program.

You must preserve your payroll records which formed the basis for this declaration as we will be required to verify the reported information in order for any premium credit to be applied.

Refer to the list on the back of this page for applicable contracting classification codes.



**ILLINOIS CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM  
CONFIDENTIAL WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

**SECTION ONE**

INSURED: **ENVIROFOAM OF AMERICA**

CARRIER: **LM INSURANCE CORPORATION**

POLICY NUMBER **WC5-34S-543496-014** PERIOD: FROM **11-15-2014** TO **11-15-2015**

1. Is this business experience rated at 1.00 or less? Yes \_\_\_\_ No \_\_\_\_  
• If yes, provide NCCI risk ID #: \_\_\_\_\_ **If no, please do not complete and submit the application.**
2. Did you have operations in Illinois during the third quarter of the prior calendar year? Yes \_\_\_\_ No \_\_\_\_  
• If yes, in Section Two below, submit information for the **THIRD** calendar quarter (July, August, September) of the year **PRECEDING** the policy effective date as reported to taxing authorities.  
• If no, in Section Two below, submit information for last complete quarter prior to the effective date of your workers compensation policy. (**NOTE:** If you have just begun operations in Illinois, submit information for the first complete calendar quarter following the effective date of your workers compensation policy.)

**Notice:** Unless Code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, the application will be returned unprocessed. Contact your agent or carrier if assistance is desired.

**SECTION TWO**

<u><b>CLASSIFICATIONS</b></u>		<b>TOTAL ILLINOIS WAGES PAID*</b>	<b>TOTAL ILLINOIS HOURS WORKED**</b>
<b>Eligible Contracting Classifications:</b>	<b>CODE</b>		
<b>Non-Contracting Classifications:</b>			

\* Excluding overtime premium pay-if an employee makes \$20/hour and is paid time and one-half (\$30), only report the payroll based upon the \$20/hour. Also, excluding the salaries and hours worked of any exempt sole proprietor, partner or officer.

\*\* Including overtime hours.

**SECTION THREE**

The above is based on actual wages (excluding overtime premium pay; pay for any exempt sole proprietor, partner, or officer, Davis Bacon Fringe Benefits, and other Illinois exclusions) and hours worked as reflected in our payroll records for the complete calendar quarter ending \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



LM INSURANCE CORPORATION  
P.O. Box 8090  
Wausau, WI 54402-8090  
Telephone: (800) 653-7893  
Fax: (715) 843-2649  
E-Mail: [IMS@LibertyMutual.com](mailto:IMS@LibertyMutual.com)

November 21, 2014

**ENVIROFOAM OF AMERICA CORPORATION**  
**8200 S VIGAL RD**  
**PAWNEE IL 62558**

**RE: Workplace Safety and Injury Management Survey**

Insured: **ENVIROFOAM OF AMERICA**  
Policy Number: **WC5-34S-543496-014**  
Effective Date: **11-15-14**

Dear Insured:

One of the most effective ways to maintain employee morale, sustain employee productivity and control your workers compensation costs is to reduce work related accidents in your business. In addition to preventing accidents, policies that emphasize the importance of effective accident reporting will also help reduce worker disability costs.

The attached survey is designed to assist you with reducing work related accidents and related costs in two ways:

- 1) The survey will help you self-assess critical elements to reduce the frequency and severity of losses.
- 2) Your survey responses will be analyzed and corresponding risk management resources will be provided to you.

We encourage you to complete the attached survey and return it to us using the above contact information. A copy of your survey response should also be provided to your agent. We look forward to receiving your survey so that we can provide further assistance.

Sincerely,

Commercial Service Operations

cc: **JEFF DEHNER AGENCY INC**



### Illinois Contracting Classification Codes

0042	5057	5221	5473	5539	6018	6236	7605
0050	5059	5222	5474	5551	6045	6237	7611
1322	5069	5223	5478	5606	6204	6251	7612
3365	5102	5348	5479	5610	6206	6252	7613
3719	5146	5402	5480	5645	6213	6260	7855
3724	5160	5403	5491	5651	6214	6306	8227
3276	5183	5437	5506	5703	6216	6319	9534
5020	5188	5443	5507	5705	6217	6325	9554
5022	5190	5445	5508	6003	6229	6400	
5037	5213	5462	5536	6005	6233	7538	
5040	5215	5472	5538	6017	6235	7601	

# **POLICYHOLDER INFORMATION PACKET**

**FOR:**

**ENVIROFOAM OF AMERICA  
CORPORATION  
8200 S VIGAL RD  
PAWNEE, IL 62558**

**Policy Number: WC5-34S-543496-014**



Dear Policyholder,

Enclosed along with your policy is a contact information list. Please keep this material with your insurance papers. We look forward to servicing your account again this year.

Sincerely,

Liberty Mutual Servicing Carrier Operations

cc: Broker or Agent





## Contact Information At A Glance.....

This quick reference guide is offered to help you better manage your workers compensation coverage. Please contact your agent for assistance with your questions, or refer to the following summary information to contact us:

Service	Contact Information	Areas of Responsibility
Underwriting, Policy Issuance & Customer Service	<b>Commercial Service Operations</b> PO Box 8090 Wausau, WI 54402-8090 Phone: (800) 653-7893 Fax: (603) 427-1885 E-mail: IMS@LibertyMutual.com	<ul style="list-style-type: none"> <li>- Policy production</li> <li>- Classifications and Rates</li> <li>- Experience Modification</li> <li>- ARAP surcharges</li> <li>- Loss summaries</li> <li>- Self Audit Payroll Reports</li> <li>- Disputes</li> </ul>
Premium Auditing	<b>Premium Audit Services</b> PO Box 9020, Mailstop 03F Dover, NH 03821-9020 Phone: (800) 231-3484 Fax: (603) 334-0291 Email: IMOAuditDispute@LibertyMutual.com	<ul style="list-style-type: none"> <li>- All preliminary and final audit adjustments performed by an auditor</li> <li>- Review of classifications</li> <li>- Disputes</li> </ul>
Premium Billing	<p><b><u>Premium Payments:</u></b> Liberty Mutual Insurance PO Box 0569 Carol Stream, IL 60132-0569</p> <p><b><u>Correspondence:</u></b> Commercial Service Operations PO Box 9502 Dover, NH 03821-9502 Phone: (800) 653-7893 Fax: (603) 334-8161 E-mail: IMS@LibertyMutual.com</p>	<ul style="list-style-type: none"> <li>- Premium billing</li> <li>- Premium payment processing</li> <li>- Statement preparation</li> <li>- Collection activity</li> <li>- Disputes</li> </ul>
Workplace Safety	<b>Risk Control - Consulting Center</b> 2000 Westwood Drive Wausau, WI 54401 Phone: (866) 757-7324 Fax: (715) 843-3810 E-mail: RCCConsultingCenter@LibertyMutual.com	<ul style="list-style-type: none"> <li>- Consultation Services</li> <li>- Safety Training Support</li> <li>- Risk Control Resource Support</li> <li>- Safety Program Review</li> <li>- SafetyNet Web Services</li> </ul>



## **WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**Policy Number: WC5-34S-543496-014**

**ENVIROFOAM OF AMERICA CORPORATION  
8200 S VIGAL RD  
PAWNEE IL 62558**

Liberty Mutual Insurance is the marketing name for the property and casualty insurance operations. Products may be written in the following stock insurance company subsidiaries of Liberty Mutual Insurance.

Liberty Mutual Insurance Company  
Liberty Mutual Fire Insurance Company  
Liberty Insurance Corporation  
LM Insurance Corporation  
The First Liberty Insurance Corporation  
Employers Insurance Company of Wausau  
Wausau Underwriters Insurance Company  
Wausau Business Insurance Company  
Wausau General Insurance Company

Not all products and coverages are available in all companies and jurisdictions.

# COMPENSACION A LOS TRABAJADORES



es un sistema de beneficios que por ley se provee a la mayoría de trabajadores que se han enfermado o accidentado en el trabajo. Los beneficios son pagados por lesiones que son causadas en parte o completamente por el trabajo del trabajador. Esto puede incluir el agravante o una condición pre-existente, lesiones causadas por uso repetitivo de una parte del cuerpo, ataques cardíacos, o cualquier otro problema físico causado por el trabajo. Los beneficios son pagados sin importar la causa.

## SI USTED SUFRE DE UNA LESION O ENFERMEDAD RELACIONADA AL TRABAJO, USTED DEBE TOMAR LAS SIGUIENTES MEDIDAS:

**1. OBTENGA AYUDA MEDICA.** Por ley, su empleador debe pagar por todos los servicios médicos necesarios que se requieran para aliviar los síntomas de lesión o enfermedad. Si es necesario, el empleador debe pagar por rehabilitación física, mental o profesional dentro de los límites establecidos. El trabajador puede escoger dos doctores, cirujanos u Hospitales. Si el empleador le notifica que tiene un programa de proveedor preferido (PPP) aprobado para la compensación de trabajadores, el PPP cuenta como una de las dos opciones de proveedores.

**2. NOTIFIQUE A SU EMPLEADOR.** Usted debe notificar a su empleador del accidente o enfermedad dentro de 45 días, ya sea por escrito o verbalmente. Para evitar posibles demoras, es recomendable que la nota incluya su nombre, dirección, número telefónico, número de Seguro Social, y una breve descripción de la lesión o enfermedad.

**3. CONOZCA SUS DERECHOS.** Su empleador por ley debe reportar accidentes que resulten en más de tres días de ausencia al trabajo, a la Comisión de Compensación para Trabajadores. Una vez que el accidente es reportado, usted recibirá un manual que explica la ley, beneficios y procedimientos. Si necesita un manual, por favor llame a la Comisión o visite nuestra red.

Si usted tiene que faltar al trabajo para recuperarse de la lesión o enfermedad, usted tiene derecho a recibir pagos semanales y atención médica necesaria hasta que este capacitado para regresar a trabajar y que el trabajo este de acuerdo a sus capacidades.

Es contra la ley que el empleador moleste, despidan o se niegue a reemplazar o de alguna manera discrimine contra un trabajador por ejercitar sus derechos de conformidad con las leyes que rigen el seguro de accidentes de trabajo de enfermedades profesionales. Si usted hace una demanda fraudulenta, podrá ser castigado por la ley.

**4. MANTENGASE DENTRO DEL LIMITE DE TIEMPO.** Usualmente, las quejas deben ser presentadas dentro de los primeros tres años del accidente o incapacidad de una enfermedad profesional, o dentro de dos años del último pago de compensación de trabajo, lo que sea más reciente. Quejas por neumoconiosis, exposición radiológica, asbestos, o enfermedades similares tienen requerimientos especiales.

Los trabajadores accidentados tienen derecho para volver a abrir su caso dentro de 30 meses después que la Comisión haya otorgado una decisión y la incapacidad haya incrementado, pero en casos resueltos por una suma global aprobada por la Comisión no pueden volver a abrirse. Únicamente las decisiones aprobadas por la Comisión son obligatorias.

Para mas información, visite la Red de la Comisión de Compensación para Trabajadores o llame a nuestras oficinas:

Toll-free: 866/352-3033 Chicago: 312/814-6611 Peoria: 309/671-3019 Springfield: 217/785-7087  
Web site: [www.iwcc.il.gov](http://www.iwcc.il.gov) Collinsville: 618/346-3450 Rockford: 815/987-7292 TDD (Sordo): 312/814-2959

### LOS EMPLEADORES DEBEN EXHIBIR ESTE AVISO EN UN LUGAR VISIBLE PARA TODOS LOS TRABAJADORES Y LLENAR LA INFORMACIÓN REFERENTE A LA COMPAÑIA DE SEGUROS.

Nombre:	LM INSURANCE CORPORATION		
Dirección de la Compañía:	PO Box 8016, Wausau, WI 54402-8016		
Teléfono de la Compañía:	(800) 826-1661		
Fecha efectiva:	11-15-2014	Fecha de terminación:	11-15-2015
Número de Póliza:	WC5-34S-543496-014	FEIN del Empleador:	353644450

ICPN 10/11 Impreso por la autoridad del Estado de Illinois.

## ILLINOIS NOTICE TO POLICYHOLDERS

To assist in the communication of suggestions, complaints, or comments, Illinois Insurance Code, Section 143C, House Bill 1472 requires that policyholders know the addresses of our customer service department and the consumer division of the department of insurance. These addresses are:

PRESIDENTIAL SERVICE TEAM  
LIBERTY MUTUAL INSURANCE  
175 BERKELEY STREET – MS 10B  
BOSTON MA 02116  
TELEPHONE 1-800-344-0197

ILLINOIS DEPARTMENT OF INSURANCE  
320 W WASHINGTON STREET  
SPRINGFIELD IL 62767  
TELEPHONE (866) 445-5364  
(Consumer Service Hotline)

or

ILLINOIS DEPARTMENT OF INSURANCE  
100 W RANDOLPH 9<sup>th</sup> FLOOR  
CHICAGO IL 60601  
TELEPHONE (312) 814-2420

# WORKERS' COMPENSATION



is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

## IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS, TAKE THE FOLLOWING STEPS:

**1. GET MEDICAL ASSISTANCE.** By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits. The employee may choose two physicians, surgeons, or hospitals. If the employer notifies you that it has an approved Preferred Provider Program for workers' compensation, the PPP counts as one of your two choices of providers.

**2. NOTIFY YOUR EMPLOYER.** You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.

**3. LEARN YOUR RIGHTS.** Your employer is required by law to report accidents that result in more than three lost work days to the Workers' Compensation Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Commission or go to the Web site.

If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

**4. KEEP WITHIN THE TIME LIMITS.** Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information, go to the Illinois Workers' Compensation Commission's Web site or call any office:

Toll-free: 866/352-3033      Chicago: 312/814-6611      Peoria: 309/671-3019      Springfield: 217/785-7087  
Web site: [www.iwcc.il.gov](http://www.iwcc.il.gov)      Collinsville: 618/346-3450      Rockford: 815/987-7292      TDD (Deaf): 312/814-2959

### BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.

Party handling workers' compensation claims	LM INSURANCE CORPORATION		
Business address	PO Box 8016, Wausau, WI 54402-8016		
Business phone	(800) 826-1661		
Effective date	11/15/14	Termination date	11-15-2015
Policy number	WC5-34S-543496-014	Employer's FEIN	353644450

**POLICYHOLDER DISCLOSURE**  
**ILLINOIS INDUSTRIAL COMMISSION OPERATIONS FUND SURCHARGE**

Your policy has been surcharged as a result of the Illinois Industrial Commission Operations Fund Surcharge effective July 1, 2003. The establishment of this Fund provides that every insurance company, authorized or licensed by the Illinois Insurance Department and insuring employer's liabilities arising under the Workers' Compensation Act or the Workers' Occupational Disease Act, must remit a surcharge amount equal to a percentage of the direct written premium for insuring Workers' Compensation and Employers' Liability under the Workers' Compensation Act or Workers' Occupational Diseases Act.

Refer to the Item 4 Premium Schedule for your surcharge amount.

Miscellaneous Forms Schedule

WC5-34S-543496-014

FORM NUMBER

FORM NAME

WORKERS COMPENSATION FORMS AND ENDORSEMENTS

GPO4756 R5	01-13	PRIVACY PRACTICE DISCLOSURE NOTICE
WILCPAP	01-04	IL CONTRACTING CLASS PREM ADJ PRGM
WSARS354	07-13	WORKPLACE SAFETY AND INJURY MANAGEMENT S
GPO4621	01-96	POLICYHOLDER INFO PACKET COVER PAGE
GPO4692	03-97	POLICY ENCLOSED LETTER
SNW 12 01	10-14	IL CONTACT AT A GLANCE
WLOGO	01-13	LIBERTY LOGO COVER PAGE
IL-PS	01-07	NOTICE TO EMPLOYEES
SNI 12 01	06-13	ILLINOIS NOTICE TO POLICYHOLDERS
SNW 12 02	01-13	NOTICE TO EMPLOYEES
GPO4821 R1	07-03	IL INDUSTRIAL COMMISSION
WC 00 00 01 A	07-11	INFORMATION PAGE - WC 00 00 01 A
GPO2923	01-96	EXTENSION OF INFO PAGE
WC 99 50 01	07-11	POLICY JACKET WC 00 00 00 B

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
INSURANCE POLICY**



**AR INFORMATION PAGE**

175 Berkeley Street Boston, MA 02116

Issued by **LM INSURANCE CORPORATION**

**27243**

Policy Number **WC5-34S-543496-014**  
**RENEWAL OF:** **WC5-34S-543496-013**  
Account Number **4-543496**

Issuing Office **0354**  
Issue Date **11-21-14**  
Sub Account **0000**

1. Insured and Mailing Address  
**ENVIROFOAM OF AMERICA CORPORATION**

**8200 S VIGAL RD**

**PAWNEE, IL 62558**

Status **03 - CORPORATION**

Other workplaces not shown above: SEE ITEM 4. PREMIUM - EXTENSION OF INFORMATION PAGE

2. Policy Period: The policy period is from **11-15-2014** to **11-15-2015** 12:01 A.M. standard time at the Insured's mailing address.
3. Coverage
- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **IL**
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:
- |                           |    |                  |               |
|---------------------------|----|------------------|---------------|
| Bodily Injury by Accident | \$ | <b>1,000,000</b> | each accident |
| Bodily Injury by Disease  | \$ | <b>1,000,000</b> | policy limit  |
| Bodily Injury by Disease  | \$ | <b>1,000,000</b> | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
**REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT WC 00 03 26A**
- D. This policy includes these endorsements and schedules: SEE EXTENSION OF INFORMATION PAGE
4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Extension of Information Page				
Minimum Premium	\$	<b>1,000 (IL)</b>	Total Estimated Annual Premium \$	<b>1,162</b>
Premium will be billed	ANNUAL			

Producer **0004-027464**  
**JEFF DEHNER AGENCY INC**  
**2315 S 1ST ST**  
**SPRINGFIELD IL 62704**



## Extension of Information Page WC 00 00 01 A Item 4.

State of: ILLINOIS

Classification of Operations		Premium Basis	Rate	
Entries in this item, except as specifically provided elsewhere in this policy; do not modify any of the other provisions of this policy	Code No.	Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Premium
0001-01 ENVIROFOAM OF AMERICA CORPORATION FEIN # 80-0643107 SIC CODE 1742 NAIC CODE 238310  8200 S VIGAL RD PAWNEE IL 62558  INSULATION WORK NOC & DRIVERS.	5479	\$ 0	22.53	\$ 0.00
TOTAL CLASS PREMIUM				\$ 0.00
INCREASE LIMITS 1.014	9812			\$ 0.00
EMPL MINIMUM DIFFERENCE	9848			\$ 150.00
POLICY MINIMUM DIFFERENCE	0990			\$ 720.00
STANDARD TOTAL				\$ 870.00
EXPENSE CONSTANT	0900			\$ 280.00
TERRORISM .05	9740			\$ 0.00
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 0.00
IL INDUSTRIAL COMMISSION OPERATIONS FUND 1.0101	0935			\$ 12.00
FINAL TOTAL				\$ 1,162.00
POLICY TOTAL ESTIMATED COST				\$ 1,162.00

Experience Modification:

Policy No. WC5-34S-543496-014

Page No. 1

Endorsement Schedule

WC5-34S-543496-014

FORM NUMBER

FORM NAME

WORKERS COMPENSATION FORMS AND ENDORSEMENTS

CNW 90 06

WC 00 01 14

WC 00 03 08

WC 00 03 26 A

WC 00 04 14

WC 00 04 17 B

WC 00 04 19

WC 00 04 21 C

WC 00 04 22 A

WC 12 03 06 A

WC 12 04 02

WC 12 06 01 D

PRODUCER PACKAGE

NOTICE ENDT OF PEND LAW CHG TRIPRA 2007

PARTNERS, OFFICERS, AND OTHERS EXCL ENDT

RESIDUAL MKT LTD OTHER STATES INS ENDT

NOTIFICATION OF CHANGE IN OWNERSHIP ENDT

A/R LOSS SENSITIVE RATING PLAN NOTIF

PREMIUM DUE DATE ENDORSEMENT

CATASTROPHE (OTHER THAN CERT ACTS) ENDT

TERRORISM RISK PGM REAUTH ACT DISCL ENDT

IL WC & EMPL LIAB POLICY EXCLUSION ENDT

IL CONTRACTING CLASSIFICATION PREM. ADJ

IL AMENDATORY ENDORSEMENT

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
QUICK REFERENCE**

	Beginning on Page
General Section	
A. The Policy	2
B. Who is Insured	2
C. Workers Compensation Law	2
D. State	2
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**Important:** This Quick Reference is not part of the Workers Compensation and Employers Liability Policy and does not provide coverage. Refer to the Workers Compensation and Employers Liability Policy itself for actual contractual provisions.

**PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY.**

4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

**E. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

**F. Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

**G. Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

**H. Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
  - a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

**PART TWO – EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.

**E. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings-
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance-
3. Litigation costs taxed against you-
4. Interest on a judgment as required by law until we offer the amount due under this insurance- and
5. Expenses we incur.

**F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident. A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy- and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

#### **D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

#### **E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

#### **F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

#### **G. Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

### **PART SIX – CONDITIONS**

#### **A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

#### **B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

#### **C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

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POLICY NUMBER: WC5-34S-543496-014 COMPANY NAME: LM INSURANCE CORPORATION**NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2007**

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act of 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law, except in Pennsylvania where injuries or deaths resulting from certain war-related activities are excluded from workers compensation coverage. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

**The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.**

You need not do anything further at this time.

DATE OF ISSUE: 11/21/2014

**WC 00 01 14**

(Ed. 1-14)

**POLICY NUMBER: WC5-34S-543496-014**

**COMPANY NAME: LM INSURANCE CORPORATION**

**PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

**SCHEDULE**

**PARTNERS**

**OFFICERS**

**OTHERS**

**DAN WALLACE  
PRESIDENT**

**DATE OF ISSUE: 11-21-14**



## **RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT**

"Part Three-Other States Insurance" of the policy is replaced by the following:

### **PART THREE OTHER STATES INSURANCE**

#### **A. How This Insurance Applies**

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
  - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page; and
  - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
  - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

### **IMPORTANT NOTICE !**

**If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law.**

**DATE OF ISSUE: 11-21-14**

## **NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

**DATE OF ISSUE: 11-21-14**